BORNEMANN NURSING HOME, INC.

226 BORNEMANN STREET

GREEN BAY	54302	Phone: (920) 468-8675	,	Ownership:	Corporation
Operated from	1/1 To 12/31	Days of Operation:	365	Highest Level License:	Skilled
Operate in Conj	unction with	Hospital?	No	Operate in Conjunction with CBRF?	Yes
Number of Beds	Set Up and St	affed (12/31/03):	127	Title 18 (Medicare) Certified?	Yes
Total Licensed	Bed Capacity	(12/31/03):	127	Title 19 (Medicaid) Certified?	Yes
Number of Resid	ents on 12/31	/03:	111	Average Daily Census:	105

Services Provided to Non-Residents	Age, Gender, and Primary Di	Length of Stay (12/31/03)						
Home Health Care	   Primary Diagnosis 					21.6		
Supp. Home Care-Personal Care Supp. Home Care-Household Services	No No	Developmental Disabilities		   Under 65			7.2	
Day Services	No	Mental Illness (Org./Psy)		65 <b>-</b> 74	8.1			
Respite Care	No	Mental Illness (Other)	2.7	75 - 84	36.9		72.1	
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	41.4	* * * * * * * * * * * * * * * * * * *	*****	
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.9	95 & Over	11.7	Full-Time Equivalent		
Congregate Meals No				3		·   Nursing Staff per 100 Residents		
Home Delivered Meals	No	Fractures	0.0		100.0	(12/31/03)		
Other Meals	No	Cardiovascular	14.4	65 & Over	98.2			
Transportation	No	Cerebrovascular	5.4			RNs	12.4	
Referral Service	No	Diabetes	4.5	Gender	용	LPNs	8.6	
Other Services	Yes	Respiratory	1.8			Nursing Assistants,		
Provide Day Programming for		Other Medical Conditions	61.3	Male	24.3	Aides, & Orderlies	42.5	
Mentally Ill	No			Female	75.7			
Provide Day Programming for			100.0					
Developmentally Disabled	No				100.0			
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## Method of Reimbursement

Medicare (Title 18)				Medicaid (Title 19)			Other			Private Pay		Family Care			Managed Care					
Level of Care	No.	00	Per Diem (\$)	No.	olo	Per Diem (\$)	No.	્ર	Per Diem (\$)	No.	olo	Per Diem (\$)	No.	٥ŀ	Per Diem (\$)	No.	્	Per Diem (\$)	Total Resi- dents	- Of
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Skilled Care	19	100.0	217	62	95.4	125	0	0.0	0	27	100.0	156	0	0.0	0	0	0.0	0	108	97.3
Intermediate				3	4.6	104	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	3	2.7
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	.j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depende	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	19	100.0		65	100.0		0	0.0		27	100.0		0	0.0		0	0.0		111	100.0

Admissions, Discharges, and Deaths During Reporting Period

Percent Admissions from:

Private Home/No Home Health | 3.6 | Daily Living (ADL) | Independent | One Or Two Staff | Dependent | Residents | Private Home/No Home Health | 0.0 | Bathing | 1.8 | 84.7 | 13.5 | 111 |

Actual Care Hospitals | 94.0 | Transferring | 18.0 | 67.6 | 14.4 | 111 |

Psych. Hosp.-MR/DD Facilities | 0.0 | Toilet Use | 18.0 | 72.1 | 9.9 | 111 |

Other Locations | 1.2 | Dressing | 64.0 | 27.9 | 8.1 | 111 |

Other Locations | 1.2 | Dresching | 64.0 | 27.9 | 8.1 | 111 |

Other Locations | 1.2 | Transferring | 18.0 | 72.1 | 9.9 | 111 |

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Other Nursing Homes | 2.9 | Indwelling Or External Catheter | 11.7 | Receiving Respiratory Care | 7.2 |

Private Home/Not Home Health | 0.0 | Occ/Freq. Incontinent of Bowel | 36.0 | Receiving Suctioning | 0.9 |

Other Nursing Homes | 2.9 | Receiving Ostomy Care | 1.8 |

Acute Care Hospitals | 0.0 | Occ/Freq. Incontinent of Bowel | 36.0 | Receiving Mechanically Altered Diets | 31.5 |

Rehabilitation Hospitals | 0.0 | Other Locations | 1.5 | Receiving Teacheostomy Care | 1.8 |

Other Locations | 1.1 | Skin Care | Other Resident Characteristics | Deaths | 0.0 |

Other Locations | 1.1 | Skin Care | Other Resident Characteristics | Receiving Psychoactive Drugs | 28.8 |

Other Locations | 0.0 | Other Receiving Psychoactive Drugs | 28.8 |

Selected Statistics: This Facility Compared to All Similar Metropolitan Area Facilities & Compared to All Facilities

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		Own	ership:	Bed	Size:	Lic	ensure:		
	This	Pro	prietary	100	-199	Ski	lled	Al	1
	Facility	Peer	Group	Peer	Group	Peer	Group	roup Faci	
	%	용	Ratio	용	Ratio	%	Ratio	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	82.4	86.2	0.96	87.6	0.94	88.1	0.93	87.4	0.94
Current Residents from In-County	91.9	78.5	1.17	83.0	1.11	82.1	1.12	76.7	1.20
Admissions from In-County, Still Residing	15.1	17.5	0.86	19.7	0.77	20.1	0.75	19.6	0.77
Admissions/Average Daily Census	316.2	195.4	1.62	167.5	1.89	155.7	2.03	141.3	2.24
Discharges/Average Daily Census	296.2	193.0	1.53	166.1	1.78	155.1	1.91	142.5	2.08
Discharges To Private Residence/Average Daily Census	116.2	87.0	1.34	72.1	1.61	68.7	1.69	61.6	1.89
Residents Receiving Skilled Care	97.3	94.4	1.03	94.9	1.02	94.0	1.04	88.1	1.10
Residents Aged 65 and Older	98.2	92.3	1.06	91.4	1.07	92.0	1.07	87.8	1.12
Title 19 (Medicaid) Funded Residents	58.6	60.6	0.97	62.7	0.93	61.7	0.95	65.9	0.89
Private Pay Funded Residents	24.3	20.9	1.16	21.5	1.13	23.7	1.03	21.0	1.16
Developmentally Disabled Residents	0.0	0.8	0.00	0.8	0.00	1.1	0.00	6.5	0.00
Mentally Ill Residents	9.9	28.7	0.34	36.1	0.27	35.8	0.28	33.6	0.30
General Medical Service Residents	61.3	24.5	2.50	22.8	2.68	23.1	2.65	20.6	2.98
Impaired ADL (Mean)	45.2	49.1	0.92	50.0	0.90	49.5	0.91	49.4	0.91
Psychological Problems	28.8	54.2	0.53	56.8	0.51	58.2	0.50	57.4	0.50
Nursing Care Required (Mean)	6.2	6.8	0.91	7.1	0.88	6.9	0.90	7.3	0.85